Community Providers Association
Caring for Connecticut.

March 12, 2010

To: Public Health Committee

From: Terry Edelstein, President/CEO

Re: TESTIMONY: S. B. 402 AAC THE BEHAVIORAL HEALTH PARTNERSHIP

Thank your for the opportunity to comment on SB 402 relating to the Behavioral Health Partnership.

CCPA has been pleased to have been a participant in the BHP process since its inception. The partnership between DCF and DSS that utilizes an Administrative Services Organization (ASO) model has expanded access to service for children and their moms and allowed for the creation of new levels of care built at rates that cover costs that are Medicaid reimbursed.

The proposed legislation would add additional populations to the BHP and allow for the coordination of services through one or more ASOs.

We support the concept of the bill in general, particularly with its recognition of the importance of a carveout of behavioral health services. Utilizing one major oversight body will enhance the coordination of care among systems and focusing clinical management in one entity will eliminate duplicate requirements, processes and procedures.

There are a number of questions that will need to be addressed as the bill moves forward:

1. Will each identified service group get the attention it needs?
    - Will children's services continue as a unique focal point, one of the strengths of the current BHP, or will attention to children's services be diluted?

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- Similarly, will the needs of those opting for Charter Oak, by and large a population with more significant health issues than those of the general population, be addressed?
- Will the needs of the SAGA population, with its own set of issues in accessing and continuing in treatment, be attended to?
- Will the advisory structure provide for sufficient input from the newly added populations?

2. With the pressure to move service populations to a Medicaid-reimbursed system, what will happen to those services that are funded by the General Fund, such as residential supports and other levels of care that SAGA recipients currently receive that are not Medicaid reimbursable?
3. What will become of the SAGA carveout to DMHAS?
4. What about services provided to individuals in the CSSD system? Shouldn't they be included in the partnership?
5. Will rates continue to be based on the cost of services or otherwise reflective of the service delivery models or will the system as a whole risk across the board cuts such as has been proposed in the Governor's March 1, 2010 Deficit Mitigation Plan that would chop most Medicaid rates by 5%? Without a stable rate structure, this entire service delivery system will be put at risk.

We look forward to working with your Committee in clarifications to the proposed legislation.